12.27.06

EXPRESS MAIL NO. EV887975787US

(To be used for all correspondence after initial filing)

Application Number	10/008,538			
Filing Date	November 7, 2001			
First Named Inventor	Luca Battu'			
Art Unit	2128			
Examiner Name	Shambhavi K. Patel			
Attorney Docket No.	851763.420			

ENCLOSURES (check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application		Drawing(s) Request for Corrected Filing Receipt Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 CFR 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Other Enclosure(s) (please identify below):						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
		tual Property Law Group PLLC	Customer Number 00500						
Signature Mulium									
Printed Name	Printed Name Dennis M. de Guzman								
Date December 26		6, 2006 Reg. N	lo. 41,702						
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Signature	** S	ENT VIA EXPRESS MAIL **							
Typed or printed r		Date:							
SEND TO: Commissioner for	r Patents, P.O. Box 145	50, Alexandria, VA 22313-1450.							

OTTO AND ADDRESS OF THE PROPERTY OF THE PROPER				Complete if Known								
	Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Application Number		10/008,538						
r	For FY 2006		Filing Date		November 7, 2001							
			First Named Inventor		Luca Battu'							
				Examiner Name		Shambhavi K. Patel						
24	Applicant claims	<u>.</u>		CFR 1.27	Art Unit		2128					
1	TOTAL AMOUNT O		(\$)270		Attorney Doo	ket No.	851763.420	.				
	METHOD OF PAYMENT (check all that apply)											
١			Money Orde		please identify							
	Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC											
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
	= -	e(s) indicated b ly additional fee		=	•	-		any overpayments				
		nder 37 CFR 1		ayments E	y Charge any	underpayin	icitis or cicuit	any overpayments				
	Warning: Information on	this form may become		it card information s	should not be includ	ded on this for	m. Provide credit	card information and				
	authorization on PTO-203			611			\	,				
	FEE CALCULATIO				or may be su	bject to a s	surcnarge.)					
	1. BASIC FILING,	SEARCH, ANL	EXAMINA	ION FEES		EYAMI	NATION					
		FILING	FEES	SEARCI	H FEES		EES					
			Small Entit	ty	Small Entity		Small Entity					
	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)				
	Utility	300	150	500	250	200	100					
	Design	200	100	100	50	130	65					
	Provisional	200	100	0	0	0	0					
	2. EXCESS CLAIM		,,,,	· ·	•		•	Small Entity				
	Fee Description						<u> </u>	ee (\$) Fee (\$)				
	Each claim over 20 (including Reissu	ues)					50 25				
	Each independent cla	_		s)				200 100				
	Multiple dependent c	laims						360 180				
	Total Claims	Extra Cla	<u>iims</u>	Fee (\$)	Fee Paid ((\$)	Multiple	Dependent Claims				
	26 -20 or HF	o = <u>3</u>	X	<u>50</u> =	<u>150</u>		Fee (\$)	Fee Paid (\$)				
	HP = highest number	er of total claim	s paid for, if g	greater than 20.				-				
	Indep. Claims	Extra Cla	<u>ims</u>	Fee (\$)	Fee Paid (<u>(\$)</u>						
	<u>3</u> -3 or HP	' = <u>0</u>	X	<u>200</u> =	<u>0</u>							
	HP = highest numb	er of independe	ent claims pai	d for, if greater	than 3.							
	3. APPLICATION S	SIZE FEE										
								or computer listings				
	under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
	Total Sheets	Extra Shee	<u>ets</u> <u>Nur</u>	nber of each a	•		thereof Fe	e (\$)				
	-100 =		/50 = _	(round up	to a whole nu	ımber)	х					
	4. OTHER FEE(S)							Fees Paid (\$)				
	Non-English Specification, \$130 fee (no small entity discount)											
	Other (e.g., late filing surcharge): Petition for Extension of Time (1 month)											
		_/}										
	SUBMITTED BY		H, , b,		<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>					
	Signature	News	Ma A		stration No. rney/Agent)	41,702	Telephone	206-622-4900				
	Name (Print/Tyne)	Dennis M de	e Guzman				Date	December 26, 2006				